

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90332 032 ****61.25

DOCUMENT # N41145 1. Entity Name ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707			Mailing Address 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3034018	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FOWLER, KIMBERLY 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, MARGARITA 1127 ARBOR GLEN CIR WINTER SPRINGS, FL 32708 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TRAVIESO, DIONISO 1147 ARBOR GLEN CIR WINTER SPRINGS, FL 32708 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Romberg, Donald 1133 Arbor Glen Circle Winter Springs, FL 32708 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSON, PATRICIA 1123 ARBOR GLEN CIR WINTER SPRINGS, FL 32708 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Cone, Kay 1111 Arbor Glen Circle Winter Springs, FL 32708 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Winter Springs, FL 32708 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margarita Martinez</i> President 4-27-06 407-830-7799 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					